

**INSTRUCTIONS FOR PREPARING THE
2005 CHILD CARE IMMUNIZATION STATUS REPORT**

Please DO NOT remove the mailing label from the report.

Section I. Please confirm the mailing information by printing the name of the child care facility, address, administrator/owner, county, and telephone number.

If 10 or more preschool age children are enrolled in your facility, please complete Sections I, II, III, and IV.

If less than 10 preschool age children are enrolled, please complete only Sections I, II, and IV (the shaded areas of the report).

Section II. **NUMBER ENROLLED:** Please write the number of children enrolled in your facility as of today's date for each age group. (Do **not** report children enrolled in Head Start or Early Head Start, they are reported by their Head Start agency.)

TOTAL: Add the **number** of all enrolled children from all age groups.

Section III. Refer to the easy-to-read **Immunization Requirements for Children Enrolled in Missouri Child Care and Preschool Facilities** chart included in this packet to determine the number of immunizations required for each age group. A child who has **not** completed all appropriate immunizations may enroll if-

- Satisfactory evidence is produced that they have begun the process of immunization. The child may continue to attend as long as the immunization process is being accomplished according to the ACIP recommended schedule (included in this packet). Failure to meet the next scheduled appointment constitutes noncompliance with the law and action should be taken immediately to exclude the child from the facility.
- The parent or guardian has signed and placed on file with the day care administrator a statement of exemption, which may be either a medical or a parental/guardian exemption. Copies of exemption cards are included with this packet.

Number of Doses: Indicate the **number** of children who have received the specified number of doses for each vaccine category (DTaP/DT, Polio, Hib, MMR, Hepatitis B, Varicella) in each age group. For example, DTaP/DT vaccine. How many children received 4 doses, how many received 3 doses, how many received 2 doses, and how many received 1 dose. **Each child should be counted only once for each vaccine.** Do not enter any information in the black areas.

Exempt: Indicate the number of children with parental exemption (Imm.P.11). Indicate the number of children with medical exemptions (Imm.P.12). Exemption cards must be on file for each vaccine category.

NOTE: For Varicella (chickenpox) only, indicate the number of children in the 16 thru 59 months and the 60 months to kindergarten entry age groups who have had the varicella vaccine **and** the number of children with a signed statement indicating the child has had the disease.

Series Complete: **Applies only to those children in the age group 16 - 59 months.** Please record the total number of children who have an immunization history of EACH of the following vaccines with these specified number of doses: 4 DTaP/DT; 3 polio; 1 or more Hib; 1 MMR; 3 hepatitis B (HB); and 1 varicella (or statement indicating child has had chickenpox disease).

Section IV. Please print the name and title of the person completing the report and the date.

This Child Care Immunization Status Report must be appropriately completed and returned by January 15, 2005, to:

Missouri Department of Health and Senior Services
Section for Communicable Disease Prevention
P.O. Box 570
Jefferson City, MO 65102